especially the conjunctiva and episcleral tissue. It differs from acute catarrh of the conjunctiva by the absence of secretion and its limitation to the bulbar conjunctiva, and sometimes to a single quadrant of the eyeball. From ordinary episcleritis it differs in its rapid course, the absence of nodes, and its complete disappearance during the intervals. It consists chiefly of inflammatory œdema of the episcleral tissue, but the deeper structures may partake of the hyperæmia, causing pain on accommodation or movement of the globe, myosis from spasm of the sphincter of the pupil, or transient myopia due to spasm of the ciliary muscle. The inflammation is accompanied by pain which often precedes it, and indicates the occurrence of an attack.

The duration of the attack is commonly only a few days, only in particularly severe cases is it two weeks or over. But the attacks recur at intervals varying from one week to some months, and with considerable regularity. The duration of the disease is usually some years. Fuchs, among 23 cases, finds only 7 that have entirely recovered, and one case had lasted twenty years. The attacks may become gradually more severe or less severe.

Treatment is in most cases ineffective, although diathetic treatment and hydrotherapy sometimes reduce the severity of the attacks or lengthen the intervals between them. Quinine and sodium salicylate have each proved effective in one case, bringing about a complete and permanent cure. The disease is somewhat rare, but cases have previously been accurately described by others. Fuchs has observed it most frequently in middle-aged men, more seldom in women. His patients exhibited no marked symptoms of gout, and only one had suffered from acute rheumatism. Some presented enlarged spleen and other evidences of malaria. He thinks the affection is not angio-neurotic in character, but due to abnormal nutrition, causing a gradual accumulation of noxious substances in the system, which produces the outbreak.

Subjective Visual Sensations.

G. M. Gould (Philadelphia) urges that these have not been studied by scientific methods to the extent their importance warrants, and he proposes (*Medical News*, vol. lxvii. No. 11) for them a more definite classification and nomenclature. He classes them as: 1. *Peripheral*, originating in the globe of the eye and optic nerve, or in adjacent related organs, including muscæ, pressure phosphenes, etc. 2. *Central*, originating in the cerebral centres where optic-nerve impulses are transformed into visual sensations, as scotoma scintillans, phosphenes from occipital traumatism, etc. 3. *Combinations* of the two, which he calls periphero-central or centro-peripheral, according as they are primarily or preponderatingly peripheral or central.

To designate the different varieties of these sensations, he proposes to call all positive light sensations *phoses*, and to divide them into *peripheraphoses* and *centraphoses*, according to their origin. Absence or interruptions of light-sensations, as scotomata, shadows, whether formless or of more or less indeterminate form, he would call *aphoses;* and divide according to origin into *peripheraphoses* and *centraphoses*. Colored light-sensations would be *chromophoses*, and could be subdivided, according to the color exhibited, as *erythrophoses* when red, *cyanophoses* when blue, etc.

OBSTETRICS.

UNDER THE CHARGE OF

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A Contribution to the Study of Sterility.

In the *Zeitschrift für Geburtshülfe und Gynäkologie*, 1895, Band xxxiii. Heft 2, Kleinwächter gives the results of his study of 648 cases of sterility and the effects of various methods of treatment. He found but 80 in which sterility could be ascribed with certainty to previous gonorrhœa. In 12 of these it was found that the husband was known to have had gonorrhœa. This gives a percentage of but 13 in which sterility in women can be ascribed to that cause. Kleinwächter believes that this estimate is too high, as his patients were of the lowest classes, in which such a cause would operate most frequently.

He found $76\frac{23}{100}$ per cent. of his cases had married before the age of twenty-one, and ascribes to this early marriage the condition of sterility. In 14 cases malformations of sexual organs were present. In 31 cases some constitutional condition on the part of the husband was the element in producing the result.

As regards treatment, electricity was tried in these cases without result. In two of these menstruation became more regular. The cervical canal was dilated in 8 patients, and in 1 conception occurred three years afterward. In 51 patients the neck of the uterus was divided, but one of these subsequently conceived. The results of the operation of dividing the neck of the uterus in Kleinwächter's cases were so poor that he is disposed to abandon this procedure in the treatment of sterility, and also dysmenorrhœa. In several cases general tonic treatment was followed by conception without interference addressed to the uterus. He sums up his cases as 648 in number, with but 8 in which sterility seemed to have been removed by appropriate treatment. In several cases patients recovered from gonorrhœal salpingitis and subsequently became pregnant. Of the 648 patients, $50\frac{77}{100}$ per cent. suffered from dysmenorrhœa. Kleinwächter holds that no relation exists between dysmenorrhœa and sterility.

Labor in Kyphotic Pelves.

Klien, in the *Archiv für Gynäkologie*, 1895, Band l. Heft 1, analyzes the reported cases of this pelvic abnormality, and from the study of his own cases reaches the following conclusions: The kyphotic pelvis is met with but

rarely in labor; on the average, 1 case in 6016. Kyphosis usually develops during childhood, from an injury to the spine, followed by caries. Lumbo-sacral kyphosis is as frequent as lumbal- and lumbo-dorsal kyphosis taken together. In but 8 per cent. does the spinal column actually project over the pelvis. The entrance to the pelvis is narrowed from side to side, and this narrowing becomes greater in the outlet of the pelvis. Both inlet and outlet are narrowed in the antero-posterior diameter. The distance between the trochanters is relatively less than in normal pelves, but not in proportion to the measurement between the tuberosities of the ischia. The anatomical *conjugata vera* is increased in length. The inclination of the pelvis to the line of the horizon is notably diminished. The nates are flattened. Thirty per cent of kyphotic pelves are also contracted in all diameters. So far as pregnancy is concerned in these cases, the conformation of the pelvis does not complicate this condition. The average age of primiparæ having this complication was twenty-eight and three-quarter years. Three-quarters of all these cases terminated by spontaneous labor, one-fourth of them prematurely. The usual position and presentation were present in 97 per cent. of cases. In one-third of all head presentations the back of the child was directed posteriorly. Face presentations are more common than in normal pelves.

The prognosis for birth in these cases depends largely upon the relationship existing between the distance between the tuberosities of the ischia and the biparietal diameter of the head. The possibility of the moulding of the head and the elasticity of the pelvic joints are also factors of importance. From 58 to 60 per cent. of the cases required assistance in labor. In cases where the forceps is used the mother is exposed to two dangers—separation of the pubic joints and injuries to the vaginal walls. The head usually enters the pelvis in an oblique diameter, not uncommonly in a transverse diameter, but never in the antero-posterior. If the head enters the pelvis obliquely or transversely, it usually descends and rotates anteriorly upon the pelvic floor. Where the occiput turns behind it rarely rotates during labor to the front. The duration of labor is increased and the membranes often rupture prematurely. The mortality rate of the mothers in cases most favorable for the mechanism of labor was $6\frac{2}{10}$ per cent., while in unfavorable cases the mortality rate was 17 per cent. Of the children 40 per cent. perished.

So far as treatment is concerned, it is of first importance that the size and contour of the pelvis be accurately ascertained. An effort should also be made to estimate the size and possibilities of moulding of the fœtal head. Where cases are seen during pregnancy labor should be induced if the distance between the tuberosities of the ischia measures from 8¼ cms. to 6¼ cms. Labor should not be induced before the thirty-fourth week. If the patient comes to the physician at the end of pregnancy symphysiotomy may be done if the distance between the tuberosities of the ischia measures $5\frac{75}{100}$ cms. In private cases, if a greater measurement is found, the cautious use of the forceps is indicated. Cæsarean section is indicated in those cases where the distance between the tuberosities of the ischia is less than $5\frac{5}{10}$ cms. The author recommends podalic version in nearly all cases. Where the child is dead and the pelvis is small, craniotomy can be performed.

Klien adds an interesting postscript describing his experiment of perform-

ing post-mortem symphysiotomy upon the body of a patient who had died during pregnancy. The diameters of the pelvis were found to have been increased from 3 to 4 cms.

Two Cases of Unusual Laceration of the Perineum.

Flesch (*Centralblatt für Gynäkologie*, 1895, No. 45) reports the case of a young woman, aged nineteen years, who sustained at labor an injury to the perineum which consisted of a central laceration which left the posterior wall of the vagina at its lower portion intact, but tore the tissues between the bowel and the vagina, the head being born apparently through the anus. The patient was delivered under the care of a midwife. The sphincter of the bowel was entirely torn apart. The laceration was repaired, the patient making a good recovery.

His second case was one in which a resisting hymen did not permit the expulsion of the head. The hymen was torn in an annular manner, being entirely separated from the surrounding tissue. It was necessary to remove the hymen, and close raw surfaces with catgut stitches.

Three Symphysiotomies in the Obstetric Wards of the Hospital of Riga, Russia.

In the *St. Petersburger Medicinische Wochenschrift*, 1895, No. 43, Treymann reports, among other operations, three symphysiotomies. The patients were between twenty-eight and thirty years of age, and all multiparæ. They had all borne children with very difficult labors. Two of the patients were infected with the germs of erysipelas before the operation. The children were all at full term, one of them weighing nine pounds. One of the children died following a difficult forceps extraction. The mothers recovered, although one of them had fever for some time. The second of these patients, aged thirty years, died sixteen months after the operation, from dysentery. An opportunity was obtained to examine the symphysis, when it was found that perfect union had taken place.

A Successful Symphysiotomy.

In the *American Gynecological and Obstetrical Journal*, 1895, vol. vii. No. 5, Jewett reports the case of a multipara whose pelvis was deformed by the jutting forward of the promontory of the sacrum. The fœtus had failed to descend after prolonged and severe labor. Symphysiotomy was readily performed, the joints being opened with a bistoury. A profuse venous hemorrhage was controlled by pressure and gauze-packing. A fistula occurred through the centre of the joint, which finally closed. The child did well for a week or more, but finally died of pemphigus. The case is of interest as being a typical one for symphysiotomy. The slight pelvic contraction and the dilated birth-canal gave the best conditions possible for the operation. The patient's exhausted state and the probability of previous infection were the unfavorable elements in the case.